FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PRÖFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000104821

1. Corporation Name

akal Tr	AVEL, INC.									11 12 10 1 10 1 1 0		14: 4 (14) 10 5 40
Principal Plac	e of Business		Ms	ailing Address								##
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9511 FOUNTAINBLEAU BLVD. 9511 FOUNTAINBLEAU BLVD. #315												
MIAMI FL 33172 MIAMI FL 33172								DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualifed	I		
				_					12/17/1998	.,	·········	
2. Principal P	Place of Business		2a.	Mailing Addr	ess				4. FEI Number		— ''	plied For
21			26					···	65-088 2044			t Applicable
	#, etc		====	=Suite;=Apt::#;	.etc.				5. Certifcate of Status Desired		Fee Re	idditional
22			27	City 9 Ctata								·
City & Stat	te			City & State					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
23 ∖ Zip		Country	28	Zip	.	Country	,		 · · 	mant voor In		71-663
— '	25	Country	20	tip	30	- ·			This corporation owes the culture Personal Property Tax.	rent year in		□No
24		Address of Curren	29	tered Agent	[30	<u>"</u>		.	10. Name and Address of New	Registered		
	3. Namo ano	Address of Conton	it itogio	torou Agont		81	Nai	ne				
GON	ZALEZ, ANA											_
9511	FOUNTAINBLE	AU BLVD.				82	Stre	eet Addre	ss (P.O. Box Number is Not Accep	table)		
#315	5					83	1					_
MIAM	11 FL 33172											
						84	City	1		FL	85 Zip C	;ode
office or i agent. I a	registered agent, am familiar with, a	or both, in the State and accept the obliga	of Flond itions of,	Section 607.0	ge was aum 0505, Florida	ionzed by a Statutes	ine c	orporation	's board of directors. I hereby acce	shr rue appo	umnent as reg	Jistered
SIGNATURE	Signature typed or no	oted name of registered ages	nt and title i	if applicable				ure required	when reinstating)	DATE		
	Signature, typed or pri	nted name of registered ager				gistered Agen		ture required	when reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	 RS IN 12
SIGNATURE 12. TITLE	Signature, typed or pri	of registered ager OFFICERS AN		CTORS				ture required	when reinstating) ADDITIONS/CHANGES TO O		ND DIRECTO	RS IN 12
12. ТИLE	Signature, typed or pri	OFFICERS AN		CTORS	(NOTE: Re	egistered Agen		ture required				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: *

CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30r) 225-7104

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90022 035 ***150.00